

# OHANA FUTBOL ASSOCIATION (OFA) MEMBERSHIP AND REGISTRATION FORM

Season/Year: \_\_\_\_\_  New Registration  Transfer  Change/Correction

## PLAYER INFORMATION

Club/Team Affiliation: \_\_\_\_\_ Last Team: \_\_\_\_\_

Age: \_\_\_\_\_ Gender:   M     F   Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First name : \_\_\_\_\_ M.I.: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Alternate #: \_\_\_\_\_ E-mail: \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

Father's Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Parental Support: We ask for active participation from all parents in our program. Please check area(s) in which you would be willing to help.

- Coach     Asst. Coach     Team Manager     Team Parent     Referee     Field Preparation     Board Member     Fund Raising     Committee     Clerical  
 Donor     Concessions     Special Projects     Newsletter     Reporter     Publicity     Other:

## MEDICAL AND EMERGENCY CONTACT INFORMATION

MEDICAL INSURANCE?    YES    NO    INSURANCE CARRIER: \_\_\_\_\_

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history or respiratory illness or any other significant medical condition?    YES    NO

If yes, please state: \_\_\_\_\_

### In case of emergency, and the parent or legal guardian listed above cannot be reached, please contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

## EMERGENCY AUTHORIZATION, WAIVER, DISCLAIMER, AND CONSENT

I, the undersigned parent or legal guardian of the above named player, a minor, hereby authorize the coaches, assistant coaches, parents of the team members acting in the capacity of activity supervisors, vehicle drivers, or as my agents, consent to medical, surgical, or dental examination and / or treatment prescribed by a duly licensed medical practitioner. In case of emergency, I hereby authorize treatment, transportation and / or care at any hospital, this care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. If there is an emergency and I cannot be reached, please contact the person above who is authorized to act on my behalf.

I, the parent/guardian of the above named player, a minor, agree that I and the player will abide by the rules and regulations of the league. In consideration of the above named player's participation in this athletic program and associated activities (the "Programs") of the Ohana Futbol Association (OFA), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby give my consent and agree to release, indemnify, and hold harmless OFA, its officials, coaches, representatives, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agent representatives, the County of Maui and the State of Hawaii from any claim arising out of injury to the named individual. I also hold harmless OFA, its officials, coaches, and representatives from any claim arising out of injuries, or conditions caused by or aggravated by my refusal to obtain medical treatment based on religious or philosophical beliefs or otherwise. I also acknowledge that OFA may compile address lists and mailing labels for internal or external use, and may utilize soccer photographs of named individual. I consent to such uses and hereby waive all rights to compensation. I verify that the information I have supplied is true and correct.

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE